## ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **Good Samaritan Hospital**

City: Vincennes County: Knox Year: 2004

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	2	4	109	\$27,604
ICU Med/Surg	20	471	3,119	\$23,374
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	111	4,650	18,105	\$11,820
Neonatal Intermed	10	67	215	\$3,383
Obstetrics	15	802	1,826	\$5,529
Pediatric	21	310	634	\$3,840

Psychiatric	22	731	3,359	\$4,197
Rehabilitation	18	534	5,766	\$8,094
Substance Abuse	0	0	0	0
Swing Beds	NA	0	0	\$0
Other Services	0	0	3107	NA
Acute Subtotal	219	7,569	36,240	NA
Normal Newborn	10	548	1,166	\$1,524

II. Outpatient Visits				
Circulatory System	18,893	Digestive System	5,247	
Endocrine System	17,087	Injuries and Poison	8,874	
Mental Disorder	1,702	Musculoskeletal	10,811	
Neoplasms	7,394	Nervous	3,223	
Respiratory	6,140	Urinary	9,013	
Other/Unknown	55,529	Total Visits	143,913	
Number of Visits to Emerg	28,191			
Percent of Emergency Department Visits of Total Visits			19.6%	

## Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	Y - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	Y - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	Y - Chemotherapy Service	N - Chiropractice Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
Y - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	Y - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
Y - Opthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	Y - Orthopedic Surgery	N - Pharmacy
Y - Physical Therapy	Y - PET Imaging	Y - Postoperative Recovery
Y - Psychiatric Emergency	Y - Psychiatric Child	Y - Psychiatric Forensic
Y - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	Y - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	Y- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
Y - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

Health Care Regulatory Services

2004 Hospital Services Main Page